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Federal Public Defender  
District of Hawaii

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FILED IN THE  
UNITED STATES DISTRICT COURT  
DISTRICT OF HAWAII

SEP 17 2003

at 9 o'clock and 30 min. a.m.  
WALTER A. Y. H. CHINN, CLERK

Attorney for Defendant  
DOUGLAS RYCHENER

IN THE UNITED STATES DISTRICT COURT

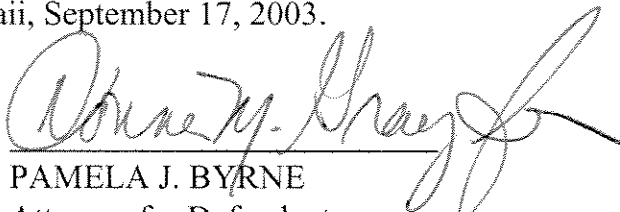
FOR THE DISTRICT OF HAWAII

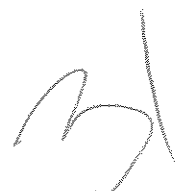
|                           |                               |
|---------------------------|-------------------------------|
| UNITED STATES OF AMERICA, | ) CR. NO. 03-00225 DAE        |
|                           | )                             |
| Plaintiff,                | ) SUPPLEMENTAL EXHIBIT H TO   |
|                           | ) MOTION TO SUPPRESS EVIDENCE |
| vs.                       | ) FILED AUGUST 8, 2003;       |
|                           | ) CERTIFICATE OF SERVICE      |
| DOUGLAS RYCHENER,         | )                             |
|                           | ) DATE: September 24, 2003    |
| Defendant.                | ) TIME: 9:00 a.m.             |
| _____                     | ) JUDGE: Lloyd George         |

**SUPPLEMENTAL EXHIBIT H TO MOTION  
TO SUPPRESS EVIDENCE FILED AUGUST 8, 2003**

COMES NOW the defendant, Douglas Rychener, through counsel, Pamela  
J. Byrne, Assistant Federal Defender, and hereby supplements the Motion to Suppress  
Evidence filed August 8, 2003 with the attached Exhibit H.

DATED: Honolulu, Hawaii, September 17, 2003.

  
PAMELA J. BYRNE  
Attorney for Defendant  
DOUGLAS RYCHENER



HAWAII POLICE DEPARTMENT  
INCIDENT REPORTPage 1 of 2  
Report No. H-44809  
District KUTime Assigned 1215  
Time Arrived 1226

|   |  |  |  |  |  |                  |                                |
|---|--|--|--|--|--|------------------|--------------------------------|
| Incident Type<br><b>PRO DANG DRUG</b>                       | Code<br>185  | Reclassify<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Master Rpt. #<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | F/U<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Status<br><input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed | Disposition<br>9 | HRS Section Number<br>712-1241 |
| INVESTIGATOR Last First Middle<br><b>Det. Ernest SALDUA</b> | Division<br>NV                                     | Beat of Offense<br>732   | Location Code<br>18  | 1. Residence 7. Scenic Pt. 13. Jewelry<br>2. Apart/Condo 8. Gas Stn. 14. Liquor<br>3. Hotel 9. Restaurant 15. School<br>4. Street 10. Bar 16. Commercial<br>5. Non-Bch Prk 11. Store 17. Taxi<br>6. Bch Parks 12. Bank, etc. 18. Other |  |                  |                                |
| Date/Time/Day Reported<br>04-08-2003/1215/Tue               | Date/Time/Day Occurred From<br>04-08-2003/1226/Wed | Date/Time/Day Occurred To<br>04-08-2003/1226/Wed                       | Location of Offense<br>Naalehu, Kau, HI  |  |  |                  |                                |
| Connect-Up Report   |  |  |  |  |  |                  |                                |

|   |   |   |                                  |  |
|---|---|---|----------------------------------|--|
| <input type="checkbox"/> Victim   | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Witness            | <input type="checkbox"/> Suspect | <input type="checkbox"/> Finder  |
| <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am Ind <input type="checkbox"/> Chnse <input type="checkbox"/> Jpnse <input type="checkbox"/> Korea <input type="checkbox"/> P Rican<br><input type="checkbox"/> Hawn <input type="checkbox"/> Samoa <input type="checkbox"/> Tonga <input type="checkbox"/> Vietn <input type="checkbox"/> Unk <input type="checkbox"/> Filipn <input type="checkbox"/> Other | Name Last First Middle                    |   |                                  | Age DOB Sex  |
| <input type="checkbox"/> Blood Test<br><input type="checkbox"/> Breath Test <input type="checkbox"/> Refused  | Results SSN                               | Occupation: For Juvenile - School Attending |                                  | <input type="checkbox"/> Visitor <input type="checkbox"/> HPD <input type="checkbox"/> Juv<br><input type="checkbox"/> Military <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Address - City - Country - State - Zip   |   |   |                                  |  |

|   |  |
|---|--|
| Business Address - City - Country - State - Zip | Local Address (For Visitors)                     |
| At Local Address - Until Date                   | Home Phone Business Phone Work Hours Local Phone |

|   |   |   |                     |  |   |  |
|---|---|---|---------------------|--|---|--|
| Injured<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Treated<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | SID # (if Appropriate)  | Hospital            | Transported By   | Victim Relationship to Suspect  | Will Prosecute<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Mental <input type="checkbox"/> Suicide <input type="checkbox"/> ICF <input type="checkbox"/> Other<br><input type="checkbox"/> Intox <input type="checkbox"/> Drugs <input type="checkbox"/> Indust <input type="checkbox"/> Uncon <input type="checkbox"/> Resisted Assist | Voluntary<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Good/Fair<br><input type="checkbox"/> Ser/Guard <input type="checkbox"/> Fatal | Attending Physician | <input type="checkbox"/> Confined<br><input type="checkbox"/> Refused Adm <input type="checkbox"/> Sent Home | <input type="checkbox"/> Refuse Tr<br><input type="checkbox"/> Tr/Rel |  |

|  |        |               |                  |               |      |
|--|--------|---------------|------------------|---------------|------|
| Suspect's Name<br><b>Gerald FONTES</b> |        | AKA (Suspect) |                  | Peculiarities |      |
| Height                                 | Weight | Build         | Hair Color       | Hair Char     | Eyes |
| Compl                                  | Voice  | Facial Hair   | Facial Hair Char | Clothing      |      |

|   |   |   |                                  |
|---|---|---|----------------------------------|
| <input type="checkbox"/> Victim   | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Witness            | <input type="checkbox"/> Suspect |
| <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am Ind <input type="checkbox"/> Chnse <input type="checkbox"/> Jpnse <input type="checkbox"/> Korea <input type="checkbox"/> P Rican<br><input type="checkbox"/> Hawn <input type="checkbox"/> Samoa <input type="checkbox"/> Tonga <input type="checkbox"/> Vietn <input type="checkbox"/> Unk <input type="checkbox"/> Filipn <input type="checkbox"/> Other | Name Last First Middle                    |   |                                  |
| <input type="checkbox"/> Blood Test<br><input type="checkbox"/> Breath Test <input type="checkbox"/> Refused  | Results SSN                               | Occupation: For Juvenile - School Attending |                                  |
| Home Address - City - Country - State - Zip   |   | Local Address (For Visitors)                |                                  |

|   |  |
|---|--|
| Business Address - City - Country - State - Zip | Local Address (For Visitors)                     |
| At Local Address - Until Date                   | Home Phone Business Phone Work Hours Local Phone |

|   |   |   |                     |  |   |  |
|---|---|---|---------------------|--|---|--|
| Injured<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Treated<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | SID # (if Appropriate)  | Hospital            | Transported By   | Victim Relationship to Suspect  | Will Prosecute<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Mental <input type="checkbox"/> Suicide <input type="checkbox"/> ICF <input type="checkbox"/> Other<br><input type="checkbox"/> Intox <input type="checkbox"/> Drugs <input type="checkbox"/> Indust <input type="checkbox"/> Uncon <input type="checkbox"/> Resisted Assist | Voluntary<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Good/Fair<br><input type="checkbox"/> Ser/Guard <input type="checkbox"/> Fatal | Attending Physician | <input type="checkbox"/> Confined<br><input type="checkbox"/> Refused Adm <input type="checkbox"/> Sent Home | <input type="checkbox"/> Refuse Tr<br><input type="checkbox"/> Tr/Rel |  |

|                |        |               |                  |               |      |
|----------------|--------|---------------|------------------|---------------|------|
| Suspect's Name |        | AKA (Suspect) |                  | Peculiarities |      |
| Height         | Weight | Build         | Hair Color       | Hair Char     | Eyes |
| Compl          | Voice  | Facial Hair   | Facial Hair Char | Clothing      |      |

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A     | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S   |
| Misc. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <input type="checkbox"/> Dusted and Submitted <input type="checkbox"/> Not Dusted<br><input type="checkbox"/> Dusted and Negative <input type="checkbox"/> Photographed |

Vehicle &amp; Property status Code: ST=Stolen OV=Overdue LS=Lost DM-Damaged FN=Found OT=Other Type Code: I=Item B=Building V=Vehicle L=Land

| Item #   | Status | Type | Serial/Other I.D. | Description or Manufacture/Model/Gun Make/Type - Cal. - Ga | Property Codes | Qty. | Value |
|--|--------|------|-------------------|--|----------------|------|-------|
| Reported the recovery of a small yellow ziploc cellophane baggie containing crystalline substance with a gross weight of .2 grams. |        |      |                   |  |                |      |       |
|  |        |      |                   |  |                |      |       |
|  |        |      |                   |  |                |      |       |
|  |        |      |                   |  |                |      |       |
|  |        |      |                   |  |                |      |       |

SUSPENDED

Vehicle Status Code Continued: WV=Wanted SV=Suspect RC=Recovered M=Impounded TV=Towed Veh. Type Codes: ☐ Auto ☐ Const ☐ Farm ☐ Trailer ☐ M/C ☐ Truck ☐ Other

|                      |                               |                   |                         |               |           |       |       |             |
|----------------------|-------------------------------|-------------------|-------------------------|---------------|-----------|-------|-------|-------------|
| Who Described        | Status                        | Year              | Make                    | Model         | Body Type | Color | State | License No. |
| VIN                  | Emblem                        | Characteristics   | Towed By                | Vehicle Value |           |       |       |             |
| Held At              | Tow - Date/Time               | Owner Name        | Phone                   |               |           |       |       |             |
| Owner Address        | Owner Notified - By/Date/Time | Person Notified   | Returned - By/Date/Time |               |           |       |       |             |
| Recovery - Date/Time | Recovering Officer            | Recovery Location |                         |               |           |       |       |             |

|  |       |                                  |   |
|--|-------|----------------------------------|---|
| Signature<br><b>Det. Ernest SALDUA #28</b> | ID No | Date/Time<br>04-08-2003/1912 hrs | Approved By<br><b>Lt Robert HICKCOX #23</b> |
|--|-------|----------------------------------|---|

DEFENDANT'S  
EXHIBIT  
II

Continuation

HAWAII POLICE DEPARTMENT

## SUMMARY / SYNOPSIS

INV: SUSPENDED

HAWAII POLICE DEPARTMENT - EVIDENCE/PROPERTY

[X] Evidence

REPORT NO. H-44809

DIST KU

Location

[ ] Property

(For Records)

EPR #

PAGE 1 OF 1 PAGES

|  |                 |  |                |     |                     |                |                |                |
|--|-----------------|--|----------------|-----|---------------------|----------------|----------------|----------------|
| INCIDENT TYPE  | CODE            | RECLASSIFY   | MASTER RPT#    | F/U | STATUS              | DISPOSITION    | HRS            | SECTION NUMBER |
| PRO DANG DRUG  | 185             | [ ] Yes [ ] No   | [ ] Yes [ ] No |     | [ ] Open [ ] Closed |                |                | 712-1242       |
| [ ] Victim LAST FIRST MIDDLE   | MAILING ADDRESS |  |                |     |                     | PH NO. RES/BUS |                |                |
| [ ] Finder Det. E. SALDUA  | HCPD/Kona-Vice  |  |                |     |                     | 326-4240       |                |                |
| RECOVERING OFFICER   | BADGE #         | LOCATION OF RECOVERY   |                |     |                     | DATE           | TIME           |                |
| Det. E. SALDUA   | #28             | Naalehu, Kau, HI   |                |     |                     | 04-08-2003     | 1226           |                |
| VEHICLE & PROPERTY STATUS CODE: ST-Stolen OV-Overdue LS-Lost DM-Damaged SV-Suspect |                 |  |                |     |                     |                |                |                |
| EV-Evidence IM-Impounded TV-Towed FN-Found FF-Forfeiture                           |                 |  |                |     |                     |                |                |                |
| ITEM #   | QUANTITY        | DESCRIPTION OR MANUFACTURER/MODEL  |                |     | SERIAL/OTHER ID     | \$ VALUE       | PROPERTY CODES | STATUS         |
| 1  | 1               | small yellow ziplock baggie contain-<br>ing cystalline substance, .2 grams<br>gross wt.        |                |     |                     | \$20.00        | Y other        | EV             |
|  |                 | 04-08-2003/1831 hrs: NIK Field Test<br>conducted. Presumptive positive for<br>methamphetamine. |                |     |                     |                |                |                |

CHAIN OF CUSTODY

RELEASE AUTHORIZED BY:

DATE

TIME

|          |                         |             |      |
|----------|-------------------------|-------------|------|
| ITEM NO. | RECEIVED BY (SIGNATURE) | DATE        | TIME |
| 1        | Det. Ernest SALDUA #28  | APR 10 2003 | 1130 |

|                   |       |         |                 |
|-------------------|-------|---------|-----------------|
| Owner's Name Last | First | Address | Phone Number    |
| Notified by       | Date  | Time    | Person Notified |

|                         |            |          |                         |      |                 |
|-------------------------|------------|----------|-------------------------|------|-----------------|
| RECEIVED BY (SIGNATURE) | DATE       | TIME     | APPROVED BY (SIGNATURE) | DATE | TIME            |
| Det. Ernest SALDUA #28  | 04-08-2003 | 1213 hrs | Lt. Robert WICKCOX      | #23  | 04-08-2003 1950 |



Item listed was recovered subsequent to confidential reliability purchase by a confidential informant from Gerald FONTES.

| DISCUSSED BY | DATE | TIME | FINAL DISPOSITION: <input type="checkbox"/> Ret Owner <input type="checkbox"/> Ret Finer <input type="checkbox"/> Ret Agent<br><input type="checkbox"/> Ret County <input type="checkbox"/> Other <input type="checkbox"/> Finance <input type="checkbox"/> Auction <input type="checkbox"/> Destroyed |
|--------------|------|------|--|
|--------------|------|------|--|

DISPOSITION FOR CLOSED/SUSPENDED CASES

1 No Prosecution 3 Unfounded 5 Prosecuted Other Charge 7 Family Court 9 Suspended  
2 Record Only 4 Outside Arrest 6 Referred Other Agency 8 Civil Matter 10 Arrested & Charged  
30 Investigation Deferred

PROPERTY CODEAUTOMOBILE

A Engine Engine Parts  
A Exteri Exterior Parts  
A Inter Interior Parts  
A Other Misc Parts  
A Stereo Auto Stereo

G GUNHOUSEHOLD

H Cleaner Washer, Vacuum  
H Cooker Stove, Grill  
H Freezer Freezer  
H Furni Furniture  
H Other Other Household  
H Proce Food Processor  
H Silver Silver

CURRENCY & DOCUMENTS

N Foreign Foreign Currency  
N Other Documents  
N US US Currency

OFFICE EQUIPMENT

O Comput Computer Keyboard  
O Other Other Office  
O Printer Copier, Typewriter  
O Teleph Answering Machine

VIEWING EQUIPMENT

V Binocu Binoculars,  
Microscope  
V Light Light,  
Flashlight  
V Other Other Viewing

BICYCLE

B Bicycl Bicycle  
B Other Other

JEWELRY

J Badge Badge, Shield  
J Bracel Bracelet  
J Earin Earrings  
J Metals Precious Metals  
J Neckla Necklace  
J Other Other Jewelry

PERSONAL ACCESSORY

P Bag Bag, Purse, Luggage  
P Clothe Clothing  
P Other Other Personal

MISCELLANEOUS

Y Other Other  
Y Pets Pets  
Y Serv Services  
Y Stock Stocks  
Y Struct Structure

CAMERA EQUIPMENT

C Access Camera Access  
C Camera Camera  
C Lens Camera Lens  
C Other Camera Other

MUSICAL INSTRUMENTS

M Other Other Musical  
M Percu Piano, Percussion  
M String String Instrument  
M Wind Wind Instrument

AUDIO/VIDEO EQUIP

R Other Other Audio Visual  
R Portab Radio  
R Senrec 2-Way Radio  
R Stereo Stereo  
R TV Television  
R VCR Video Recorder

EQUIP & TOOLS

E Compre Compressor, AC  
E Drill Drill  
E Gener Generator  
E Hand Hand Tools  
E Heavy Farm, Garden  
E Lift Lift, Ladder  
E Measur Meter, Sorter  
E Other Other  
E Power Power Tools  
E Tool Tool, Other

SPORTS EQUIPMENT

S Ball Ball, Golf, Racket  
S Fishin Fishing, Scuba  
S Gun Gun, Rifle, Shotgun  
S Other Other Sports  
S Wheel Wheel, Bicycle, Skateboard

CERTIFICATE OF SERVICE


I, CHRISTINA FULLER, hereby certify that a true and exact copy of the foregoing document was duly mailed and/or hand-delivered to the following on

September 17, 2003:

WES REBER PORTER  
Assistant United States Attorney  
PJKK Federal Building  
300 Ala Moana Boulevard, Room 6100  
Honolulu, Hawaii 96813

Attorney for Plaintiff  
UNITED STATES OF AMERICA

DATED: Honolulu, Hawaii, September 17, 2003.



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CHRISTINA FULLER  
Legal Secretary to  
PAMELA J. BYRNE  
Attorney for Defendant  
DOUGLAS RYCHENER